Name in Full: Sister Mary Dolores Atlee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 190+ — Month: Dec — Day: 14 — Age — Years: 73 — Months: 1 — Days: 12

Sex: Female — Color or Race: White — Birthplace: New Hudson

Occupation: Teaching — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Mr. James Clemson Atlee — Father's Birthplace: New Windsor Md

Mother's Maiden Name: Mrs. Sarah Simpson — Mother's Birthplace: Libertytown Md.

Name of person giving information: Dr. M. Austin McDermott — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease (120) — How long: ?

Immediate: Uraemia — How long: two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Wm Johnson

Address: Frdck Md

Accident or Suicide? No

LIBRARY BUREAU A33018

Name in Full: Emma Bagent

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Montevue Hospital (County) Frederick

Date of death 1904 (Month) Dec (Day) 7 (Years) Age 46 (Months) (Days)

Sex Female | Color or Race White | Birthplace

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary | How long

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Immediate Insanity | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician R. L. Tyson.

Address Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Daisy Viola Baker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thurmont — County: Frederick

Date of death 190 4	Month	Day	Age — Years	Months	Days
	Dec	16		11	12

Sex: Female — Color or Race: White — Birthplace: Frederick

Married, Single or Widowed: Single — Occupation: Child

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Baker — Father's Birthplace: Pa

Mother's Maiden Name: Catherine Trinity — Mother's Birthplace: Pa

Name of person giving information: mother — How related: deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Cardiac Disease — How long: 11 mos.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Morris R. Bird

Address: Thurmont Md.

Accident or Suicide?

LIBRARY BUREAU A80516

Name in Full: William Barnes

CERTIFICATE OF DEATH

MARYLAND

Died at Hospital Town: Hospital County: Frederick

Date of death 190 Month: Dec Day: 14 Years: Age 64 Months: Days:

Sex: Male Color or Race: Black Birth-place:

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Portal Thrombosis 14 How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: R. L. Lyson.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Edgar Ralph Bittle

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Ellerton, Md. (County) Frederick

Date of death 1904: Month Dec. Day 19

Age: Years 4 Months 9 Days 3

Sex: Male

Color or Race: White

Birthplace: Frederick Co. Md.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: William Bittle

Father's Birthplace: Frederick Co. Md.

Mother's Maiden Name: Emma Grossnickle

Mother's Birthplace: Frederick Co. Md.

Name of person giving information: Thomas Bittle

How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days.

Immediate: Tuberculosis — How long: 2 yrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Ralph Browning.

Address: Myersville, Md.

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Teresa M. Brandenberg

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Wolfsville — County: Frederick

Date of death 1904 — Month: Dec. — Day: 24 — Age — Years: 36 — Months: 5 — Days: 15

Sex: Female — Color or Race: white — Birthplace: Wolfsville Md.

Occupation: Housewife — Where Residing if not at place of death: " "

Married, Single or Widowed: married — Name of Wife or Husband: Elmer C. Brandenberg

Father's Name: Josiah F. Smith — Father's Birthplace: Wolfsville Md

Mother's Maiden Name: Ellen S. Fox — Mother's Birthplace: Foxville Md

Name of person giving Information: A J Smith — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Complication of Diseases — How long: about 5 yrs

Immediate: Pneumonia — How long: 36 hrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A J Smith

Address: Wolfsville Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Edward L. Danner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Unionville — County: Frederick

Date of death 190 4 — Month: Dec. — Day: 12

Age — Years: 65 — Months: 6 — Days: X

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Dairy man

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Rebecca Lindsay

Father's Name: Daniel Danner

Father's Birthplace: Md.

Mother's Maiden Name: Deborah Dudderar

Mother's Birthplace: Md

Name of person giving Information: Norman Danner

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER.

Primary: Nephritis — How long: about 6 years

Immediate: Heart failure — How long: about 5 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. P. Sappington

Address: Unionville, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Ed. Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: Month: December; Day: 14; Years: 62; Months: ; Days:

Sex: Male; Color or Race: Black; Birthplace:

Occupation: X; Where Residing if not at place of death:

Married, Single or Widowed: ; Name of Wife or Husband: X

Father's Name: X; Father's Birthplace:

Mother's Maiden Name: X; Mother's Birthplace:

Name of person giving Information: ; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 179; How long:

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. L. Tyson.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: 12 — Day: 8

Age — Years: 4 days. — Months: x — Days: x

Sex: Female. — Color or Race: White — Birthplace: Frederick Md

Married, Single or Widowed: Single — Occupation: Child.

Name of Wife or Husband: x

Father's Name: Gus R Davis — Father's Birthplace: Iowa.

Mother's Maiden Name: Anna Gebendanner — Mother's Birthplace: Frederick Co

Name of person giving Information: x — How related to deceased: x

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born. — How long: x

Immediate: x — How long: x

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. G. Ebendanner

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Eader 30,

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Airy — County: Frederick

Date of death 190 +: Month: Dec — Day: 20 — Years: Age 76 — Months. — Days

Sex: Female — Color or Race: White — Birthplace: Frederick Co.

Occupation: — — Where Residing if not at place of death: —

~~Married, Single~~ or Widowed — Name of Wife or Husband: Married Eader

Father's Name: John Shettlehem — Father's Birthplace: Frd K Co

Mother's Maiden Name: Katherine Shetterlee — Mother's Birthplace: " "

Name of person giving In formation: Mrs Raymond Runkles — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 3 days

Immediate: Same — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. E. Graves

Address: Mt Airy Md

Accident or Suicide?

LIBRARY BUREAU A26815

Name in Full: Paul Easterday

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wolfsville; County: Frederick

Date of death: Month: Dec; Day: 19th; Year: 1904; Age: Years: 1; Months: 3; Days: 20

Sex: Male; Color or Race: White; Birthplace: Frd Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Clarence Easterday

Father's Birthplace: Frd Co

Mother's Maiden Name: Olie Frey

Mother's Birthplace: Frd Co

Name of person giving Information: Clarence Easterday

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Cerebro Spinal Meningitis

How long: 15 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. B. Wheeler M.D.

Address: Boonsboro, Washington Co.

Accident or Suicide?

LIBRARY BUREAU A6691S

Name in Full

Certificate of Death

Chas T Fagan

Died at Frederick (Town) Frederick (County) MARYLAND

Date 1904 Month Dec. Day 25 | Age Y. 17. M. 8. D. – | Native of Frederick | Occupation None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living none

Husband of Wife Unmarried

Father's Name Chas T Fagan | Mother's Maiden Name Addie Fraley

Cause of Death: Primary Brights Disease | How long sick 2 years

Immediate Pulmonary oedema

~~Accident, Suicide, Homicide~~

Reported by LaBaron M D.

Address 93 E Church St Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Nellie Fossett 28,

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New London; County: Frederick

Date of death: 1904 Month: Dec Day: 1

Age: Years: 19 Months: 1 Days: 18

Sex: Female Color or Race: Black Birthplace: New London, Md

Occupation: Housewife Where Residing if not at place of death: —

Married, Single or Widowed: married Name of ~~Wife or~~ Husband: Guy Fossett

Father's Name: Benjamin Disney Father's Birthplace: Carroll Co

Mother's Maiden Name: Alvinna Johnson Mother's Birthplace: Frod Co.

Name of person giving information: Walter Fossett How related to deceased: Bro-in-Law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tubriculosis How long: 6 mos.

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Howard A. Hopkins Jr

Address: New Market, Md.

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Mary C. Freshour

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Walkersville — County: Frederick

Date of death: Month: 12 — Day: 19 — 1904

Age: Years: 61 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Frederick Co

Occupation: — Where Residing if not at place of death:

~~Married~~, Single — Name of Wife or Husband:

Father's Name: Washington Freshour — Father's Birthplace: Frederick Co.

Mother's Maiden Name: Catherine Baer — Mother's Birthplace: " "

Name of person giving information: Hopton S. Grove — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: 2 years

Immediate: Congestion of Lungs. — How long: about 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Leib

Address: Mt. Pleasant

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: Jacob A Fuss

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Thurmont — County: Frederick

Date of death: Month: Dec — Day: 27 — 1904

Age: Years: 53 — Months: 10 — Days: 9

Sex: Male

Color or Race: White

Birthplace: Thurmont Md

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Mollie Miller

Father's Name: John J. Fuss.

Father's Birthplace: Pen.

Mother's Maiden Name: Isabella Geezer

Mother's Birthplace: Pen

Name of person giving information: John J. Fuss

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Rectum — How long: 18 mos

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. C. Kefauver

Address: Thurmont Maryland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88016

Name in Full: John E. W. Jarboe

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: Month 12 — Day 20 — Year 1904

Age: 82 Years 7 Months 19 Days

Sex: Male

Color or Race: White

Birthplace: Frederick Co Md

Occupation: Retired Grain Dealer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: Ellen S Keefer

Father's Name: William Jarboe

Father's Birthplace: St Marys County Md

Mother's Maiden Name: Margaret Shaffer

Mother's Birthplace: Middletown Md

Name of person giving information: Mrs Ellen S Jarboe

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis Brain — How long: 5 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr W Johnson

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A-6816

Name in Full: Mrs Elizabeth Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bolivar — County: Frederick

Date of death: 1904 — Month: Dec — Day: 20

Age: Years: 76 — Months: 11 — Days: 9

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: House-wife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: George Jones

Father's Name: John Waldick — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Large — Mother's Birthplace: Maryland

Name of person giving information: Marshall Fiete — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Dropsy + General debility — How long: 6 mos

Immediate: Heart failure — How long: 10 min.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. A. Lamon M.D.

Address: Middletown. Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Hiram W Keefer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: 12 — Day: 15

Age — Years: 74 — Months: 5 — Days: 21

Sex: Male

Color or Race: White

Birthplace: Frederick Co Md

Occupation: Lumber Dealer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: Margaret C Keefer

Father's Name: Hiram Keefer

Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Catharine Haller

Mother's Birthplace: " Md

Name of person giving information: C. C. Canby

How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Uraemia

How long: Four or five days

Immediate: Heart Failure

How long: a few hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. B. Johnson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: William Kemp

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Pearl — County: Frederick

Date of death: Month 12 Day 10 1904

Age: Years 79 Months 10 Days —

Sex: male — Color or Race: White. — Birthplace: Frederick Co. ~~Germany~~

Occupation: Laborer. — Where Residing if not at place of death: Pearl Md.

~~Married~~ Widowed — Name of Wife or Husband:

Father's Name: William A Kemp — Father's Birthplace: Germany

Mother's Maiden Name: Mottan — Mother's Birthplace: "

Name of person giving Information: Jane F C Kemp — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Parenchymatous Nephritis — How long: about 3 Years.

Immediate: Cardiac Hypertrophy — How long: about 2 Weeks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. H. Eyestandenmeyer M.D.

Address: 156 S. Market St. Frederick Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88616

Name in Full: William Linard

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Montevue Hospital County: Frederick

Date of death: Month: Dec Day: 30 Years: 1904 Age: 92 Months: Days:

Sex: Male Color or Race: White Birth-place:

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: How related to deceased:

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Senility How long:

Immediate: Exhaustion How long:

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: R. L. Tyson

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: George Perry Lubus

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Petersville; County: Frederick

Date of death: Month: 12; Day: 3; Years: 73; Months: 5; Days:

Sex: Male; Color or Race: White; Birthplace: Shenandoah

Occupation: ; Where Residing if not at place of death: Petersville

Married, ~~Single or Widowed~~: Married; Name of Wife or Husband:

Father's Name: John Lubus; Father's Birthplace: Va

Mother's Maiden Name: Katherine Kelly; Mother's Birthplace: Hancock

Name of person giving information: Charles Lubus; How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis; How long: 7 Wks.

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S Claggett

Address: Petersville

Accident or Suicide?

LIBRARY BUREAU A66B16

Name in Full: Chas A. H. Ley Lee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frad

Date of death 1904 Month: Nov Day: 20

Age: Years: 18 Months: — Days: 8

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: Bootblack

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 1 Yr

Immediate: Asthenia — How long: 4 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. M. Crum

Address:

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Charles Wesley McDade

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burkittsville; County: Fred'k

Date of death 1904: Month: 12; Day: 8

Age: Years: 28; Months: 5; Days: 14

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Cripple

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Floid McDade

Father's Birthplace: Md

Mother's Maiden Name: Mary E. Wangan

Mother's Birthplace: Md

Name of person giving In formation: Floid McDade 93

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 6 days

Immediate: Heart failure

How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Younkin

Address: Burkittsville Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Juliet McKenny

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Liberty — County: Frederick

Date of death: Month: Dec — Day: 5 — 1904

Age — Years: 68 — Months — Days

Sex: Female

Color or Race: Black

Birthplace: Fred Co

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Dennis McKenny

Father's Name: Washington Hill

Father's Birthplace: Fred Co

Mother's Maiden Name: Charlotte Stansbury

Mother's Birthplace: Fred Co

Name of person giving Information: Dennis McKenny

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Womb — How long: 8 Months

Immediate: Exhaustion — How long: 2 Few hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Sinn.

Address: Liberty Town Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Clyde Cullen Mercer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brasdock — County: Frederick

Date of death: Month: May — Day: 10 — Year: 1904 — Age: Years: 8 — Months: 8 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Brasdock

Occupation: ? — Where Residing if not at place of death: "

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: William C. Mercer — Father's Birthplace: Frederick Co. Md.

Mother's Maiden Name: Lavinia Cullen — Mother's Birthplace: " " "

Name of person giving information: Mother of child — How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition & Exhaustion — How long: 10 days

Immediate: Membranous Croup — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Maynard

Address: 17 Grove St W.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Louis Clinton Moberly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Indian Head; County: Indian Head

Date of death: Month: Dec; Day: 12; 1904; Age: Years: 51; Months; Days

Sex: Male; Color or Race: White; Birthplace: Indian Head Md

Occupation: Painter; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~:

Father's Name: Louis Moberly; Father's Birthplace: Indian Head Md

Mother's Maiden Name: Virginia Schuman; Mother's Birthplace: Indian Head Md

Name of person giving In formation: Marian Moberly; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Lead Poisoning; How long: Gradual

Immediate: Lead Encephalopathy; How long: A few days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. M. Johnson

Address: Indian Head Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full —

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Frederick — County: Frederick

Date of death: Month 12 — Day 31 — Years: Age — — Months 2 — Days —

Sex: Male — Color or Race: Colored — Birthplace: Frederick Md

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: James Nelson — Father's Birthplace: Montgomery Co Md

Mother's Maiden Name: Bessie Norris — Mother's Birthplace: " " "

Name of person giving In formation: W Nelson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 90 — How long:

Immediate: Heavy Cold — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. C. Leatherwood MD

Address:

Accident or Suicide?

LIBRARY BUREAU A30316

Name in Full: Leah Reeder

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Middletown — County: Frederick

Date of death 1904 — Month: Dec — Day: 9

Age — Years: — Months: 4 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Child — Occupation: Child

Name of Wife or Husband: William

Father's Name: Wade Reeder — Father's Birthplace: Md

Mother's Maiden Name: Mary Thomas — Mother's Birthplace: Md

Name of person giving information: Wade Reeder — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis & Malnutrition — How long: During life

Immediate: Exhaustion — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo Moulton

Address: Burkittsville Md

Accident or Sulcide?

LIBRARY BUREAU A69516

Name in Full: Anna Mary Elizabeth Rippon

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CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Mt. Airy County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	12	12	Age 48	8	26

Sex: Female | Color or Race: White | Birthplace: Frederick Co.

Occupation: Housewife | Where Residing If not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Zachariah Rippon

Father's Name: Samuel Wilson | Father's Birthplace: Frederick Co.

Mother's Maiden Name: Susan Elizabeth Stimmel | Mother's Birthplace: " "

Name of person giving Information: Zachariah Rippon | How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage | How long: 7 hours

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Leib M.D.

Address: Mt. Pleasant Frederick Co.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Henry Belt Schroder

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Petersville — County: Frederick

Date of death: 1904 — Month: 12 — Day: 21

Age — Years: 83 — Months: 5 — Days: —

Sex: Male

Color or Race: White

Birthplace: Petersville

Occupation: U S army officer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife ~~or Husband~~: Priscilla Schroder.

Father's Name: John Schroder

Father's Birthplace: Md.

Mother's Maiden Name: Sarah Belt

Mother's Birthplace: Frederick Co

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General debility

How long: 7 days

Immediate:

How long:

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml Claggett

Address: Petersville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Name in Full: Aaron N. Shorb

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Utica Mills (County) Frederick

Date of death 190 (Month) 12 (Day) 11 (Years) Age 68 (Months) — (Days) —

Sex: Male | Color or Race: White | Birthplace: Maryland

Occupation: Miller | Where Residing if not at place of death:

Married, ~~Single or Widowed~~ | Name of Wife or ~~Husband~~: Mary Mitzell

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Stomach | How long: 10

Immediate | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E D Neighbors

Address: Leesburg

Accident or Suicide? True Copy E. D. Neighbors M.D.

LIBRARY BUREAU A38818

Name in Full: Amelia A. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Liberty — County: Frederick

Date of death 1904 — Month: Dec — Day: 8 — Age — Years: 29 — Months: 8 — Days: 5

Sex: Female — Color or Race: Black — Birthplace: Libertytown

Occupation: Maid — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Wesley Smith — Father's Birthplace: Fred Co

Mother's Maiden Name: Mary E Carter — Mother's Birthplace: Fred Co

Name of person giving information: Wesley Smith — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: about 1 year

Immediate: Heart failure — How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Sins.

Address: Libertytown Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88818

Name in Full: Frank Thomas Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Pleasant — County: Frederick

Date of death: 1904 — Month: Dec — Day: 23 — Age: Years: — Months: — Days: 18

Sex: Male — Color or Race: White — Birthplace: Mt Pleasant

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry L Smith — Father's Birthplace: Fred Co

Mother's Maiden Name: Grace Young — Mother's Birthplace: Fred Co

Name of person giving Information: Harry L Smith — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth. — How long:

Immediate: Convulsions — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Sim.

Address: Le Berry town. Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: George H. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frankville; County: Frdk. Co.

Date of death: Month: Dec. Day: 9 1904

Age: Years: 71 Months: 2 Days: 28

Sex: Male

Color or Race: White

Birthplace: Woodsboro Md.

Occupation: Retired

Where Residing if not at place of death: ✓

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: Margaret S. Smith

Father's Name: Charles Smith

Father's Birthplace: Woodsboro Md.

Mother's Maiden Name: Catherine Clautz

Mother's Birthplace: Woodsboro Md.

Name of person giving information: Chas. H. Waltz

How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's disease

How long: About a 3 Year history

Immediate: Haemorrhage from Kidneys } Caused by an injury

How long: One Week

Are the name, age, sex, color, date and place correctly given above? To best of my knowledge

Signature of Physician: C. A. Stultz

Address: Woodsboro Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88818

Name in Full: Jeanette E. Staub

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crazierstown; County: Frederick

Date of death: Month: Dec; Day: 13; Year: 1904; Age: 57 Years 1 Months 3 Days

Sex: female; Color or Race: white; Birthplace: Co.

Occupation: Wife; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of ~~Wife or Husband~~: Jacob E. Staub

Father's Name: Henry Runs Young; Father's Birthplace:

Mother's Maiden Name: Charlotte Grum; Mother's Birthplace:

Name of person giving Imformation: Jacob E. Staub; How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular heart-disease; How long: 10 yrs.

Immediate: Apoplexy; How long: 6 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. A. Brily

Address: Thurmont Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary Ann Stickle

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Emmitsburg — (County): Frederick

Date of death: 1904 — Month: Dec — Day: 23rd — Age: Years: 64 — Months: 10 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Baden, Ger

Occupation: Religious — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John George Stickle — Father's Birthplace: Baden, Ger

Mother's Maiden Name: Margaret Karpp — Mother's Birthplace: Baden, Ger

Name of person giving information: Fr Bernardine Brindopf — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Gastritis — How long: Five years

Immediate: Inanition — How long: Four weeks

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John B. Brannon, MD

Address: Emmitsburg Md

~~Accident or Suicide?~~

LIBRARY BUREAU A28516

Name In Full — Certificate of Death

Gertrude Sulser

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1904 — Month: Dec. — Day: 6 — Age: Y. 30 M. 7 D. — Native of: Va — Occupation: H. W.

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: Four

Husband / Wife of: David Sulser

Father's Name: Danl. Tritapoe — Mother's Maiden Name: Vincel

Cause of Death — Primary: Progressive paralysis — How long sick: Several years

Immediate: Pericarditis — Paralysis of heart — ~~Accident, Suicide, Homicide~~

Reported by: J. O. Hendrix, M.D.

Address: Frederick, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: John Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: 1904; Month: Dec; Day: 3; Age: Years: 70; Months; Days

Sex: Male; Color or Race: Black; Birthplace

Occupation: X; Where Residing If not at place of death: X

Married, Single or Widowed: X; Name of Wife or Husband: X

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility; How long

Immediate: Exhaustion; How long: 1 54

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson M D

Address: Frederick Dec 7 1904

Accident or Suicide?

LIBRARY BUREAU A65015

Name in Full: Zachariah T. Thomas.

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Near Indiana — County: Indiana

Date of death	Month	Day	Age Years	Months	Days
1904	Dec	6	65	7	21

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Indiana Co Pa

Occupation: Farmer — Where Residing if not at place of death: X

Married, Single or Widowed: Married — Name of Wife or Husband: Barbara Thomas.

Father's Name: George Thomas. — Father's Birthplace: Indiana Co Pa

Mother's Maiden Name: Mary Nangle — Mother's Birthplace: Indiana Co Pa

Name of person giving information: Wm Thomas — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Stomach — How long: Four or six mos.

Immediate: Heart Failure — How long: a few hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. R. Johnson

Address: Indiana Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Sarah E Triplett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death: Month: 12; Day: 31; 1904

Age: Years: 50; Months: 11; Days: 21

Sex: Female

Color or Race: White

Birthplace: Washington Co Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Widow

Name of Wife or Husband: Lewis E Triplett

Father's Name: Jacob Carley

Father's Birthplace: Washington Co Md

Mother's Maiden Name: Nancy A Unsworth

Mother's Birthplace: " " "

Name of person giving In formation: Mrs V J Bennick

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uremia - Nephritis

How long: Gradual.

Immediate: Apoplexy.

How long: 3 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. B. Johnson.

Address: Frederick. Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full — Certificate of Death

Kate Webster

Town — County

Died at Frederick Frederick MARYLAND

Date 1904	Month Dec.	Day 6	Age Y. 52	M. –	D. –	Native of Md.	Occupation H. W.

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living One

Husband of Wife Webster

Father's Name — Mother's Maiden Name

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Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: Several years

Immediate: (La grippe) Heart failure — ~~Accident, Suicide, Homicide~~

Reported by F. O. Kendrick M.D.

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 798.5

Name in Full: Leroy Edgar Welsh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Burnswick County: Frederick

Date of death 1904 Month: 12 Day: 30 Age Years: 21 Months: 7 Days: 20

Sex: Male Color or Race: White Birthplace: Virginia

Occupation: Brakesman Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Name of Wife or ~~Husband~~: Katie Welsh

Father's Name: William M. Welsh Father's Birthplace: Va

Mother's Maiden Name: Maggie E. Wynkoop Mother's Birthplace: Va

Name of person giving information: Maggie Welsh How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Killed by B & O cars How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: C. H. Tutt & Bro' M. D.'s

Address: Burnswick Md

Accident or ~~Suicide~~? Reported

LIBRARY BUREAU Aug516

Name in Full: Minnie L. Klusner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County:

Date of death: Month: Dec. Day: 25th 1904 — Age: Years 37 Months 8 Days 5

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: H. W. — Where Residing if not at place of death: Frederick

Married, Single or Widowed: Married — Name of Wife or Husband: Charles Klusner

Father's Name: Samuel Hofer — Father's Birthplace: Md

Mother's Maiden Name: Martha E. Grove — Mother's Birthplace: Md

Name of person giving In formation: Samuel Hofer — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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PHYSICIAN OR CORONER

Primary: aortic Stenosis and Chronic Nephritis — How long: 6 yrs.

Immediate: Cardiac Paralysis — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank H. Hedges

Address: Frederick Maryland

Accident or Suicide?

LIBRARY BUREAU A80016

Name in Full: Rachel White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death: Month: 12; Day: 6; 1904

Age: Years: 52; Months: ; Days:

Sex: Female

Color or Race: Black

Birthplace: Md

Occupation: Housewife

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Frank White

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Frank White

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C S Bethea

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A66016